

10/631207

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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# DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

Noel D.

(first and middle (if any))

Family Name

Wendt

or Surname

Inventor's

Signature

*[Handwritten Signature]*

Date

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Gregory A.

(first and middle (if any))

Family Name

Ritz

or Surname

Inventor's

Signature

*Gregory A Ritz*

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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.





10/637207

PTO/SB/02A (10-00)

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
William R.		Martin	
Given Name	Family Name or Surname		
Inventor's Signature <i>William R Martin</i>		Date <i>July 28, 2004</i>	
Slippery Rock	PA	USA	USA
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809 Kiester Road			
Mailing Address			
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Slippery Rock	PA	16057	USA
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
James S.		Barnes	
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Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name James S.		Family Name or Surname Barnes	
Inventor's Signature <i>James S. Barnes</i>		Date 7-28-03	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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